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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Art Unit 3731/Examiner Michael Thaler

Firm: U.S. Patent & Trademark Office

Fax No.: 703-872-9306

Subject: U.S. Patent Application No. 10/765,341
Gary Karlin Michelson
Filed: January 27, 2004
SURGICAL RONGEUR HAVING A REMOVABLE
STORAGE MEMBER (as amended)
Attorney Docket No. 101.0036-02000
Customer No. 22882
Confirmation No.: 1065

FROM:

Name: Amedeo F. Ferraro

Phone No.: 310-286-9800

No. of Pages (including this): 57

Date: February 4, 2005

Confirmation Copy to Follow: NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate), Amendment, and Information Disclosure Statement Under 37 C.F.R. § 1.97(b) with Form PTO-1449 and 4 documents are being facsimile transmitted to the U.S. Patent and Trademark Office on February 4, 2005.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0036-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Gary Karlin Michelson
Serial No: 10/765,341
Filed: January 27, 2004
For: SURGICAL RONGEUR HAVING A
REMOVABLE STORAGE MEMBER (as
amended)

Confirmation No.: 1065

Art Unit: 3731
Examiner: Michael Thaler

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated January 7, 2005 in the above-identified application.

- ☒ No additional fee is required.
☐ Applicant hereby requests a ***month extension of time to respond to the above office action.
☒ Information Disclosure Statement Under 37 C.F.R. § 1.97(b) and Form PTO-1449 with 4 documents are enclosed.

The fee has been calculated as shown below:

he fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	14	-	20	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	1	*	3	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$____ to cover the *** additional claims fee is enclosed.
☐ The total amount of \$____ to cover the *** three-month extension of time fee is to be charged to Deposit Account No. 50-1066.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

By: 

Amedeo F. Ferraro
Registration No. 37,129

Date: February 4, 2005

1557 Lake O'Pines Street, NE
Hartville, Ohio 44632
Telephone: (330) 877-0700
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FORM PTO-1083

Attorney Docket No.: 101.0036-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson

Serial No: 10/765,341

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TOTAL CLAIMS FEE	14	-	20	0	LG=\$50 SM=\$26	\$50
INDEPENDENT CLAIMS FEE	1	-	3	0	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: February 4, 2005

By: Amadeo F. Ferraro
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Telephone: (330) 877-0700
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EXAMINATION
2005 01 27

PATENT
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Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Confirmation No.: 1065
Gary Karlin Michelson)	
Serial No.: 10/765,341)	Group Art Unit: 3731
Filed: January 27, 2004)	Examiner: Michael Thaler
For: SURGICAL RONGEUR HAVING A)		
REMOVABLE STORAGE MEMBER)		
(as amended))	

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Restriction Requirement dated January 7, 2005, Applicant provisionally elects to prosecute claims 1-14 directed to Group I. In addition, please amend the application as follows:

Amendments to the Title begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks begin on page 5 of this paper.